The authors in this symposium issue offer many reasons to hope that the future of children's health care is full of promise. They have identified many of the social and legal impediments to improved health status for children. They also have suggested strategies for overcoming these barriers. For Edelman, Rosenbaum, and English, optimism about the future depends at least in part on whether federal and state governments maintain the will to intervene and whether the tools of intervention are proven to be effective. As we go to press, recent world events have made increased federal funding for children's health care issues somewhat less likely. Further, funding for health care is no guarantee that parents will take actions necessary to protect their children from harm. Less redistributive and more regulatory approaches may be adopted over the near term. But, as Boozang and Clayton note, even direct regulation to reduce the risk of harm to children can be controversial or ineffective. As a whole, then, the authors of this symposium leave the reader with a sense of guarded optimism. We are grateful that researchers and advocates for children have done so much to illuminate the problems and potential solutions.

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Children's Health Needs for the Coming Years

Marian Wright Edelman*

Symposium Address

I am very honored to be here, and to have a chance to thank all of you who pulled all the pieces together to make this a collaborative symposium to talk about our children's health. It is going to take all of us coming together to do what we have to do for our children and to make sure that no child is left behind.

I want to thank the Health Law and Policy Institute (HLPI) for sharing with the Children’s Defense Fund (CDF) one of our advisors, Michael Solar, who is a very valued member of the Board of the Children’s Defense Fund. I know he is a very valued member of the HLPI Board. I am delighted to be here and I want to thank you for what you are doing and for holding this symposium, because I think this is a very magical time when we have enormous opportunity to do what we all have to do for all of our children.

I think it is a moment of opportunity because you have sent us a President of the United States who has “adopted” the trademarked mission of the Children's Defense Fund, which is to Leave No Child Behind.® We are going to work as closely as possible with him to define what that means and to make sure, at this moment of great prosperity, that we take the needed steps to achieve our national policy mission and that we take the steps, with your help in Texas, to see that no Texas child is left behind.

This really is a magical moment in history with a new millennium, a new century, a new year, a new President, and a new Con-

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*J.D., Yale University, B.A., Spelman College. Marian Wright Edelman is the Founder and President of the Children’s Defense Fund in Washington, D.C. The “Children’s Health Needs for the Coming Year Symposium” was held on the morning of Tuesday, February 21, 2001 at the Park Plaza Warwick Hotel in Houston, Texas. The lecture was cosponsored by Jenkins & Gilhees, P.C., the University of Houston Law Center’s Health Law and Policy Institute, and assisted by Texas Children’s Hospital and The Children’s Museum of Houston. Marian Wright Edelman’s keynote address was professionally transcribed and then formatted into this article through the combined efforts of the Houston Journal of Health Law & Policy editors and the Children’s Defense Fund.
gress. Very few of us are blessed to experience all of these milestones at once. How will we say thanks to God for the earth, the children, and the nation given to us, and for our great prosperity? What kind of people do we want to be in the twenty-first century? What kind of people do we want our children to be? This is a time for self and national examination and to ask, who are we? Where are we going? What kind of legacy do we want to leave? What kind of moral, personal, community, political, and policy choices are we adults prepared to make to realize a more just and compassionate yet less violent world, nation, state, and community where we live and to make sure that no child is left behind?

The twentieth century was characterized by stunning scientific and technological progress. We split the atom, pierced space, walked on the moon, landed spacecraft on Mars, and broke the genetic code. Instant communication has led to an information explosion and daily money trading in the trillions. Polio and other childhood vaccines have the potential to save millions of children’s lives. Many people live longer than ever before. We have learned to fly through the air faster than the speed of sound and to cruise the seas faster than the creatures that inhabit them. We have created the capacity to feed the world’s population, and achieved astonishing increases in wealth from a tiny microchip. We have the capacity to prevent poverty that still afflicts the majority of humankind and tens of millions of Americans even at the richest time in our history.


2 Global Alliance for Vaccines and Immunization: A Partnership for Children’s Health (stating that three million children’s lives are saved by immunization each year), at http://www.vaccinealliance.org (last visited Apr. 4, 2001).

3 Centers for Disease Control and Prevention, CDC Fact Book 59 (September 2000) (reporting that life expectancy at birth in America has increased from 73.5 years in 1990 to 76.7 years in 1998, a sixty percent increase), available at http://www.cdc.gov/nnaa/pdf/fact%20book.pdf (last visited Apr. 4, 2001).


But something is missing from these stunning achievements, because many of us in our world, our nation, and in this state have been left behind—and our children are among them.

In the 127th Psalm, the Psalmist says that children are an inheritance of the Lord. But we have been squandering God’s inheritance and that is why we are here today—to see how we can do better, and to see how we can do justice for all of our children. Let us look at a few facts about the children in America after eight years of prosperity, a ten trillion dollar economy, and tens of billions of dollars in tobacco settlement money.

Listen to this. Every nine seconds, one of our children drops out of school. Every twenty seconds, one of our children is arrested, whether he or she is white, black, Hispanic, rich, or poor. These are not just other children, they are all of our children. Every twenty-four seconds, a baby in this country is born to an unmarried mother. Every forty-four seconds, one of our children is born into poverty. Every minute, a child in America is born without health insurance. Every minute, a baby is born to a teen mother. Every two minutes, a baby is born at low birth weight. Every four minutes, a baby is born to a mother without prenatal care. Now, if we lived in France or England or many other countries, these facts


7 Clay Robinson, $113.6 Billion State Budget OK’d, HOUSTON CHRONICLE, May 23, 2001 at 1A, available at LEGIS, News Library, News Group File (reporting that Texas is to receive periodic payments totaling 11 billion dollars from the 1998 tobacco settlement fund, which Texas intends to designate mostly for health care).


9 Id.

10 Id.

11 Id.

12 Id.

13 Id.

14 AMERICA’S CHILDREN, supra note 8, at xxx.

15 Id. (defining low birth weight as less than five pounds, eight ounces).

16 Id.
would not be so. We should catch up with our less wealthy but, in some ways, more socially developed nations.

Here are two other facts. Every four minutes, one of our children is arrested for drug abuse. Arrested for drug abuse. We must address the spiritual poverty as well as the physical poverty that affects children of all races, not just low-income groups. Finally, every two and a half-hours, one of our children is killed by gunfire, which is a major public health concern. We have lost 84,000 American children to gunfire since 1979. That is 36,000 more lives than we lost in battle casualties in the Vietnam War. What is the matter with us when the killing of children has become routine? It is safer to be an on-duty police officer in America than to be a child under ten. That is wrong. Where is our protest? What is it going to take? I was so pleased that so many mothers and others gathered at the Million Mom March because we have got to stop the killing of children in America. You have hundreds of children who die every year in Texas from gunfire.

How is Texas doing? Every five minutes in Texas, a child is born poor. We need to educate ourselves and look at our congregations, our communities, and our legislatures. They must "get it" and understand that these numbers are a recipe for disaster. These facts are our moral, economic, and practical "Achilles heel."

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16 Id. at xxix (comparing the American health care system to the French and British health care systems in which the government provides universal health insurance, paid medical/paternal child leave, and family allowance or child dependency grants).

17 Id. at xxx.

18 America's Children, supra note 8, at xxx.


20 Children's Defense Fund, It's Time for America to Protect and Put Children First, (1999) (stating that "More children under ten years of age are killed each year by guns than police are killed in the line of duty or U.S. soldiers killed by hostile action."). At http://www.childrenscouncil.org/victim.htm (last visited May 25, 2003).

21 See generally Mary Beth Sheridan & Jennifer Lohrnt, This Time, No Million To March Over Gun, Aniversary Eff Is A Local Affair, Washington Post, May 14, 2001, at B01, available at 2001 WL 1762831 (explaining that the "Million Mom March" is a collaboration to draw attention to the issue of gun violence and to lobby for sensible gun control; also explaining that the march in 2000 drew over 750,000 participants to Washington D.C.).


23 Id. (based on the 1996 poverty level for a family of three at $12,516 dollars per year).

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24 Id.

25 Id.

26 Id.


28 Id.

29 Id.

30 Id.

31 Id.

32 The "Health Issues for Texas's Kids" symposium panel included: Ms. Barbara McCormick, Acting President and C.E.O. Children at Risk; Ms. Vaschina S. Patel, M.D., Pediatrician, Houston Department of Health and Human Services; Ms. Sadie M. Becker, Special Assis-
We were able to work with a lot of providers, students, Chase Manhattan, and others in New York to raise the pre-school immunization rates in New York City from fifty-two to over eighty percent in a two-year period. We did this with intensive outreach, tracking systems, and with the collaboration of a lot of providers and community leaders. This is not "rocket science." We certainly know how to immunize children, and we need to do it because it saves not only money but lives. So, we can do it, if we decide we are going to do it.

I know you heard a lot about Texas ranking fifth in national percentages of children without health insurance. I think we can all do better. Twenty-four percent of Texas children do not have health insurance. This is an opportunity because many of those children are currently eligible for the TexCare Partnership, a version of the State Children’s Health Insurance Program (SCHIP), or for Medicaid.

So, we must figure out how we can make sure that everybody gets out there to help parents know that coverage is available. Many of the parents without health insurance for their children are in working families who are trying to "play by the rules" but who cannot make it. Their employers might not provide health insurance, so we must first see to it that every child gets what is provided by law, and then see that every parent does not have to go through a maze of bureaucratic hurdles and barriers.

I wish we could get our Texas legislators to fill out children’s insurance forms. You almost have to be a lawyer and an accountant to fill them out. I would love for a legislator to be a poor, working parent for a day and try to gather all the materials and fill out the forms in the multiple bureaucracies. If he or she is working, then they should experience having to take off from their work. All this, just for health care.

We really have not adjusted our practices if we are trying to help people get the tools they need to be self-sufficient. If we are trying to help children get what they need—rather than save money—then with working parents, we might change our clinic hours to open on Saturday morning and stay open after five o’clock in the evening. If people have to leave a day of work, we might think about all the ways we could make it easier, rather than harder.

One of our prime goals is making the procedures the same for SCHIP and Medicaid, because some parents have children who are eligible for different programs, even though the children are in the same family. We should have a single procedure so parents can come in and get it done and not have to come back every six months with all those papers. That is just health care. Imagine having to do the same thing for child care or for low-income energy assistance or for housing. We could not make it harder. What does this say to us about what we are trying to do for our children and families?

So, we have to do a whole lot of de-bureaucratization. We need to change the culture of our state, local, and national agencies so that we see our job as helping children and parents get on their feet and become self-sufficient. This includes providing preventative care so taxpayers do not have to pay even more money on the other end. We have a profound opportunity and obligation to change our state’s mindset, so that each state wants to compete and “beat the other guy” in the rankings. We must see that all of our children get the health care that they deserve because every statistic is a real child.

Children are dying from lack of health care and because of poverty, and we have to bear that in mind and act with a sense of urgency and perseverance. I was very moved by a story I heard...

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32 Id.

33 42 U.S.C. § 1396dd(a) (Supp. IV 1998) (explaining that the purpose of the SCHIP statute is to "provide funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an efficient and effective manner that is coordinated with other sources of health benefits coverage for children"); Tex. HEALTH & SAFETY CODE § 63.001 (Vernon 1999) (describing the Child Health Plan for Certain Low-Income Children program as having the objective "to provide primary and preventative health care to low-income, uninsured children of this state, including children with special health care needs, who are not served by or eligible for other state assisted health insurance programs"); Tex. HEALTH & SAFETY CODE § 63.003 (Vernon 1999) (outlining the criteria for children who qualify for coverage under the “SCHIP” program in Texas).

34 42 U.S.C. § 1396 (Supp. IV 1998) (granting funds to states under the Social Security Act for the purpose of providing medical assistance to the poor). See AMERICA’S CHILDREN, supra note 8, at 23 (reporting that SCHIP and Medicaid have covered more than three million and twenty million children, respectively).
about a young mother named Maria, who had a baby, Antonio. She was sent home the day he was born, except that she did not have a home. She was a single parent with no extended family. But she loved her baby, and within the limits of public assistance, was able to find a small room where she and the baby lived. He did very well for a few months and then he got sick.

Maria called the clinic to report that Antonio was ill and the nurse told her to bring him in. Maria said she did not have transportation, so the nurse asked for Antonio’s symptoms over the phone. When the nurse heard that the baby had diarrhea, she assumed Antonio had a flu virus that was going around in the area. She advised the young mother to keep the baby hydrated. She told Maria to feed Antonio liquids every hour and that “Pedialyte or apple juice is good.” Maria went to the refrigerator. She did not have Pedialyte. She did not have apple juice. She did not have orange juice. In fact, her refrigerator did not even have ice. But in her cupboard she did have tomato sauce. So she filled the baby’s bottle with tomato sauce and she stayed up all night, feeding him every hour on the hour. The sodium content of the tomato sauce accelerated his dehydration and by morning, his tiny body was lifeless.

Now, is this mother a murderer? Did she neglect her baby? She did everything possible within the resources available to her and the limits of her own parenting knowledge. She loved her baby. Should this kind of tragedy happen in this nation? This is a baby who died of poverty. This is a baby who died because we did not have an adequate support system. We can do better than this.

The week before he was assassinated, Dr. King preached at the National Cathedral about the parable of Dives and Lazarus. He explained that Dives did not go to hell because of his wealth; rather, Dives went to hell because he refused to see his neighbor, Lazarus.

who was in need. Dr. King talked about his fear that America would not see its wealth as an opportunity. He talked about the importance of bringing the poor to Washington in a campaign so that this wealthy nation could see “the Lazarus” in its midst, reach out to him, and seize the opportunity to do good, and serve all of our neighbors who are left behind. Dr. King said, “Dives went to hell because he allowed his brother to become invisible.” Just as Dives did not realize that his wealth was an opportunity, Dr. King was afraid that America might also do this and might miss the opportunity to close the gap between the haves and the have-nots. He said, thirty-two years ago when we began, that “[t]here is nothing new about poverty. What is new is that we have the techniques and the resources to get rid of poverty. The real question is whether we have the will.” I submit this morning at this magical moment in history that this is still the real and more urgent question.

We have made some progress, but there are more poor children today than when Dr. King spoke. A majority live in a household where someone works. Eleven million children are without health insurance in our nation—the world’s leader in health technology. Together, we must decide what will be our top mission.

39 The “parable of Dives and Lazarus” is found in Luke 16:19-31 (proclaiming, “there was a certain rich man, which was clothed in purple and fine linen, and fared sumptuously every day: and there was a certain beggar named Lazarus, which was laid at his gate, full of sores, and desiring to be fed with the crumbs which fell from the rich man’s table: moreover the dogs came and licked his sores”). Dr. Martin Luther King, Jr. gave his “Remaining Awake Through a Great Revolution” sermon at the National Cathedral in Washington, D.C. on March 31, 1968 and was assassinated on April 4, 1968. See The Martin Luther King, Jr. Papers Project At Stanford University, Remaining Awake Through a Great Revolution [hereinafter MLK Papers Project] (quoting, “There was a man by the name of Lazarus who was a poor man, but not only was he poor, he was sick. Yes, but he managed to get to the gate of Dives . . . and Dives did nothing about it”). At http://www.stanford.edu/group/king/sermons/ 480331.000.Remaining_Awake.html (last visited May 24, 2001).

40 MLK Papers Project, supra note 39 (quoting Dr. King as, “There is nothing in that parable that said Dives went to hell because he was rich. . . . Dives didn’t go to hell because he was rich. . . . Dives didn’t realize that his wealth was his opportunity . . . to bridge the gulf that separated him from his brother Lazarus . . . Dives went to hell because he was passed by Lazarus every day and he never really saw him.”).

41 Id.

42 Id. (quoting Dr. King as, “In a few weeks some of us are coming to Washington to see if the will is still alive or if it is alive in this nation. We are coming to Washington in a Poor People’s Campaign. . . . We are going to bring children and adults and old people, people who have never seen a doctor or dentist in their lives . . . We are coming to demand that the government address itself to the problem of poverty . . . We are coming to ask America to be true to the huge promise that it signed years ago . . . to make the invisible visible.”).

43 Id.

44 MLK Papers Project, supra note 39.

45 The Washington Research Project is the Children’s Defense Fund’s parent organization.

46 MLK Papers Project, supra note 39.

47 Children’s Campaign, supra note 19 (estimating that 10.8 million children are uninsured in the United States). See Susan Kilbourne, Closing Remarks, Legal Reform & Children’s Human Rights, 14 St. John’s J. Legal Cult. 487, 483 (2000) (discussing the United States’ power in various economic areas such as health technology and domestic crop product, and the country’s apparent lack of attention to such areas as children living in poverty or those without health insurance).
over the next few years. Will we build a nation where families have the support they need to make it at work and at home, where families have what they need to survive and to thrive, where every child in Texas and across this nation is ready to learn, and can leave school on a path to a productive future? Will we build a nation where babies are likely to be born healthy because they had the prenatal care that makes a difference in preventing low birth weight and infant mortality? Where the sick children have the health care they need? Where all children are safe in their communities, and where every child has a place to call home? Will we build a place where we can be proud to say we really and truly are a nation that leaves no child behind? Dr. King and the Civil Rights Movement in a sense brought us out of Egypt like Moses, but we have been wandering in the wilderness.49 It is time to move out of the wilderness and free our children from poverty and violence.

It is movement time. We know what to do to be successful with our children. We know how to give them a healthy and fair start and we know what happens early in life is crucial! The access a pregnant woman, infant, or very young child has to adequate health care, nutrition, and education profoundly affects an individual’s health at the end of life. We know so much more today than we did thirty years ago about child development and how a child’s brain develops during the earlier years. We know how important it is to screen children early for hearing and vision problems so that they can get glasses and hearing aids before they start and begin to fail in school. We know that making sure that pregnant women, especially low-income women, receive adequate nutrition through programs like WIC and prenatal care and through programs like Medicaid and SCHIP not only saves money by preventing more costly inter-

49 See generally Exodus 12:17-20 (proclaiming, “and it came to pass, when Pharaoh had let the people go” that God led them not through the way of the land of the Philistines, although that was near; for God said, “lest peradventure the people repent when they see war, and they return to Egypt…” but God, led the people about through the way of the wilderness of the Red sea; and the children of Israel went up harnessed out of the land of Egypt…” and they took their journey from Succoth, and encamped in Etham, in the edge of the wilderness”) 50

49 "WIC" refers to the Women, Infants, and Children program. See 42 U.S.C. § 1786(a) (Supp. IV 1998) (noting that “Congress finds that substantial numbers of pregnant, postpartum, and breastfeeding women, infants, and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both… the purpose of this program… is to provide supplemental foods and nutrition education through any eligible local agency that applies for participation.”); 42 U.S.C. § 1786(d) (Supp. IV 1998) (stating “Participation in the program… shall be limited to pregnant, postpartum, and breastfeeding women, infants, and children from low-income families who are determined by a competent professional authority to be at nutritional risk.”).

50 CENTERS FOR DISEASE CONTROL AND PREVENTION, supra note 3.

51 World Health Organization, Health Topics and Policy: Measles (Nov. 2000) (stating that reported measles cases have dramatically declined since the introduction of vaccines in the 1960s, at http://www.who.int/vaccines/intermediate/measles.htm (last visited Apr. 4, 2001); World Health Organization, Major Milestones Reached in Global Polio Eradication: Western Pacific Region is Certified Polio-Free (Oct. 29, 2000) (reporting that since 1988, the number of polio cases worldwide had dropped by over ninety-five percent), at http://www.who.int/mediacentre/pack/polio2000/2000-10-polio71.html (last visited Apr. 4, 2001).

52 42 U.S.C. § 1396a(l) (Supp. IV 1998) (stating that each state shall establish a pediatric vaccine distribution program wherein each vaccine-eligible child is entitled to immunization and each program provider is entitled to receive the vaccine without charge for the vaccine or its delivery); 42 U.S.C. § 300s-1(a) (Supp. IV 1998) (stating that “the Secretary… shall carry out activities, which shall be consistent with the global Children’s Vaccine Initiative, to develop affordable new and improved vaccines to be used in the United States and in the developing world…”).
were unthinkable a few decades ago. Survival rates of children with cancer have improved tremendously, but I have heard some of the most heart-rending stories of parents with children who have cancer but no health insurance.53 I heard Congressman Richard Gephardt, whose son battled cancer, talk about seeking a cure for his child. I heard about a parent who had to beg for and borrow money every time the child needed radiation. Imagine having to deal emotionally with the life-threatening disease of your child and, at the same time, have to worry about where that next dime is going to come from because you do not have health coverage. We can do better than that.

In the 1970s, only fifty-five percent of children with cancer survived compared to seventy percent today.54 Our infant mortality rates really have reached a new low.55 We ought to be very proud of these things but we must do better still. It just shows us that we can make a difference. One of the things we have to keep telling people is that these are not unsolvable problems. These are choices. These are our failures of commitment, will, and follow through—because the same health care system that has given life to millions of children has also turned millions of other children away.

That is why we are here today, to close that gap. When Jesus told the children to “come unto him,” Jesus did not say, “only rich, white children” or “only middle class children” or “only our children” or “only our neighbor’s children.”56 It is all the children. We must do for all children what we know works for our own children. How do we balance the scale of justice and make sure that not a single one is left behind—not one of those eleven million children without health insurance because their parents’ employers do not provide it? We should not let one child who is eligible for health care in this state not get it because of bureaucratic and political budget excuses. Let us make sure that all our children get the health care they would get if they lived in other industrialized countries simply because that is the right thing to do.

The Catholic Bishops, including CDF Texas Advisory Board member Bishop Florenza, issued a statement recently saying that it is just a sin for children to go without health care in this rich nation.57 So, our challenge is to do what is right and to do what is sensible. We must close the gap between low-income children and more affluent children and that among Hispanic, black, and white children.58 Fifty-one percent of the children who are left behind without insurance, many of whom are eligible for Medicaid and SCHIP, are Hispanic and black.59 We must close that gap.

Insurance is so important in maintaining health. Medicaid has been the hardest program to enforce, despite its fine comprehensive benefits. For some it has a stigma attached to it because it used to be tied to welfare. We need to take the stigma away and rename it. I have been trying to get governors in other states to call “Medicaid” whatever else they call their SCHIP program, and just have one system. The parent and the child do not need to know what funding stream is being used, just that they are getting health care. We can do that. Medicaid is a wonderful benefit package, but we have such a hard time getting states to provide it. It has had an enormous impact in decreasing infant mortality.60 It pays for more prenatal care and births than any other single source of coverage, compared with insured children.61

53 American Cancer Society, Cancer in Children (reporting that of the 8,600 children with cancer under the age of fifteen, seventy-five percent will survive five years or more, an increase of almost forty percent since the 1960s), available at http://www.cancer.org/cancerinfo/found_con.asp (last visited Apr. 5, 2000).

54 Id.

55 See National Center For Health Statistics, Department of Health & Human Services, Health, United States, 2000, With Adolescents Health Chapter (7 July 2000) [hereinafter DHHS] (stating the 1998 infant mortality rate of 7.2 deaths per 1,000 live births is a “record low”).

56 Luke 18:13 (stating, “and they brought unto him also infants, that he would touch them: but when his disciples saw it, they rebuked them.”); Luke 18:16 (stating “but Jesus called them unto him, and said, ‘suffer little children to come unto me, and forbid them not: for of such is the kingdom of God.’”).


59 Id.

60 See American Health Line, Infant Mortality: NICHD and NICHD Increase Survival Rate, Sept. 9, 1998, available at LEPOP, Novus Library, Novus Group File (citing a study indicating that participation in the Medicaid program decreased the infant mortality rate among participants to a level equal with those who were privately insured).

61 See, e.g., Centers for Disease Control and Prevention, Adoption of Prenatal-Care Utilization—California, 1989-1994 (noting that in California in 1994 the payment source for live births was as follows: 14,031 born by “fee for service”; 24,509 born without insurance; 146,854 born under Health Maintenance Organization (HMO) coverage; and 259,643 born under Medicaid, the state’s Medicaid program and stating, “In 1994, the cost of prenatal-care services for nearly half of all live-born infants was paid through Medi-Cal.”), at http://www.cdc.gov/narru/preview/annvrhtml/0048211.htm (last visited May 25, 2001).
There actually are people who still believe that it is not really important to have health insurance for children. Now, I wonder whether these people would like for their own children not to have health insurance or for themselves not to have health insurance. I must say that as a mother, I have dealt with my own adult son, who graduated from college but could be covered under my COBRA only for a limited time.62 He later began working for a fairly high salary—making more than his mother does—as a contract employee for a television network, which I will leave unnamed. I watched so much exploitation of young people as more and more workers were being hired as part-time or as contractors, rather than full-time employees. There are a lot of our own children who cannot get health care because they are changing the nature of their work.

My son once was sick enough to seek care, and he had to pay for it “out of pocket.” I nagged him and nagged him to get insurance. He finally was hired full-time and got covered. But he could afford to buy insurance while there are so many who cannot. Health insurance is really important. This is a middle class issue as well as a poor people’s issue. Children who are uninsured are up to eight times less likely to have a regular source of care,63 are four times more likely to be delayed in obtaining care when they are sick or injured,64 are almost three times less likely to have been seen a provider in the last year,65 and are five times more likely to use costly emergency rooms as a regular place to get health care.66

I heard a story a few years ago about a Texas mother and I was moved because I too have an asthmatic child. Asthma is very traumatic in many ways—even though we had very good insurance, preventative care, and pediatricians. Whenever my child was looking like he was going to have an attack, I could call the doctor and take my son to the emergency room for a shot of adrenaline. Even then, it was very stressful.

62 “COBRA” refers to the Consolidated Omnibus Budget Reconciliation Act of 1985. See 29 U.S.C. § 1162(2) (1996) (requiring employers to give employees and their family members the option of continuing their group health coverage, at their own expense, for a period of eighteen to thirty-six months following the occurrence of one of six “qualifying events” described in 29 U.S.C. § 1163).


64 DHHS, supra note 55, at 86.

65 Id. at 6.

66 Id. at 11 (noting that children living below the poverty level were more likely than non-poor children to have had a recent emergency department visit).

This Texas mother, who made eight dollars an hour and did not have health insurance, had her little girl wake her up in the middle of the night gasping for breath and saying, “Mom, I can’t breathe, my inhaler is broken.” The mother mentally debated—while rushing her child out into the car—whether to go either to an emergency room, which she knew would cost more than her poor salary could support, or to an all night drugstore to get an “over-the-counter” remedy. She said, “The next day I realized that for about one hundred dollars, I was debating about my child’s life.” No parent in Texas or anywhere in this rich nation should have to struggle to make this kind of choice about health care. For the children in this nation, we need to stop it. We need to stop it with urgency.

Texas has correctly placed a great emphasis on education, because health care is an educational issue. Children who cannot see the blackboard, hear, or focus because they are hungry or sick do not learn well, so health has a crucial connection to school. Asthma is one of the leading causes of school absences.67 We know asthma has been doubling in the United States in the last decade and that asthma rates are growing even faster among the poor and children of color in our neighborhoods.68 These children cannot afford air conditioning or filters that improve the quality of indoor air from inner-city pollution.69 So again, we know what we can do and we must close the gap to do what is right.

What do we do? First, we are here because we understand the role of public policy. We need to make the laws that are on the books work, and I hope all of us are joining together to try to make sure that every Texas child who is eligible receives Medicaid or SCHIP coverage. We must make it as simple as we can make it, and...
there should be rules so that parents do not have to come into an office only to go back every six months. That is an administrative nightmare, and I think it costs more in administrative time than it may save. So, I hope in this session of the Texas Legislature that all of you will not take "no" for an answer about simplifying and unifying the procedures between Medicaid and TexCare. Do whatever you must do to ensure effective outreach and see that every parent, most of whom are working and struggling, knows about coverage and can get it. Our goal must be to reach every child. We should not have more babies dying in the next two years if we can do something about it. We should not have more mothers struggling to make the decision between an emergency room and an over-the-counter medicine. We can make a difference.

Children need health care now, and I know how many of you are pulling together. That is crucial. Texas was late getting started. You made some significant progress. I hear there are over 250,000 children who have now been enrolled. But you have another half million or more who are currently eligible for Medicaid, and another 400,000 who could get SCHIP. Tell your leaders to do it. Let us just make them do it, because we are talking about children's lives.

What an opportunity we have. We have certainly learned from the Medicaid and SCHIP implementation struggles over the years that it is too hard. We really need to have a more simple system.

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79 See Tex. S.B. 43 (2001), to be codified at Tex. HEALTH & SAFETY CODE ANN. § 62.103 (providing for some of these changes by allowing a medical assistance application for someone under nineteen years of age to be submitted through the mail, as opposed to the previously required personal appearance, as well as for prenotification review to be performed over the telephone or through the mail, which is another change from the personal appearance formerly required).

76 Health Care Financing Administration, Implementation of the State Children's Health Insurance Program: Momentum is Increasing After a Medically Start, available at http://www.hcfa.gov/stats/chip1.pdf (last visited Apr. 20, 2001) (indicating that while SCHIP became available in 1997 and Texas began enrollment of a Medicare expansion form of SCHIP in 1998, government officials in Texas did not approve a separate SCHIP plan until 1999. Generally, states enacting only a Medicare expansion form of SCHIP have more modest income eligibility thresholds, while those states enacting a separate SCHIP plan are able to provide coverage for those at a higher income level. Id.

75 Texas Health and Human Services Commission, Children's Health Insurance Program (noting that 299,896 children were enrolled in the SCHIP program in Texas as of Mar. 26, 2001), at http://www.hhsc.state.tx.us/chip/chip/index.html (last visited Mar. 26, 2001)

73 Id. (estimating that a total of 525,321 children are eligible for the Medicaid program based on enumerated data from each Texas county).

74 Id. (estimating 479,146 children statewide are eligible for SCHIP).

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While we try to make these two systems work, we need to think about a Medicare-type of system instead, which would enroll children at birth—that way all children get covered, just like our elderly. I am so happy, particularly as I get older, to know that I am going to get health care. I think it is right that every sixty-five-year-old has health care, but every six and sixteen-year-old should have the same care without all the bureaucracy. It should be automatic. We are working in Washington this year to figure out how we could move toward a better implementation of the variety of health programs we have, as well as how we could phase them into a Medicare-type of system. I hope that you will join us.

I wrote to our President and explained that he has four opportunities to make a difference for children this year and to make a "down payment" on his promise to Leave No Child Behind. The first is to make a commitment for health insurance for every child and every parent. I was pleased the Secretary of State, Colin Powell, said at the National Republican Convention that health care should be a birth right of every American child. I agree with that, and we should see this translated into reality now. Let us work on that together.

The second thing I have asked our President to do as a down payment—because health and poverty are interrelated just as health and race are interrelated—is to take the child tax credit and to double it from five hundred to one thousand dollars. The President has already proposed this, and I think that is wonderful. The tax credit has nothing to do with work, but with children and the cost of raising children. But unless he makes that child tax credit refundable, as recommended by the Bipartisan National Commission on Children, sixteen million children will be left behind, and...
181,000 Texas children who would benefit would be left behind. 78 We urge him to make it refundable, because it would lift two million children out of poverty. 79

One of the goals that we will be detailing in the new, comprehensive CDF policy vision is a national commitment to reduce child poverty by half by the year 2004, and to eliminate it entirely in the next ten years. If you cannot do this in the richest nation on earth, which leads the world in Gross National Product and in the number of millionaires and billionaires at the richest time in our history, then when will we ever do it? 80

So this is the time to say that we will not tolerate child poverty any longer, particularly when the overwhelming majority of children who are poor have parents and families who work, who try to play by the rules and make ends meet. 81 Making this child tax credit refundable will help millions of those who will be left behind if the President’s proposal is not made refundable. A majority of those left behind would be people who are working and paying payroll, sales, gas, and other taxes.

President Bush is proposing to lift the ceiling on eligibility for the child tax credit from 110,000 to 200,000 dollars. If we are talking about justice, then we should not support any tax policies by anybody that widen the gap between the rich and the poor. We should not be giving new tax breaks—in the hundreds of billions of dollars—to those at the top until our children and our families’ needs are met. So the litmus test, whether for a Democrat or a Republican, should be “are we going to close the gap or are we going to widen the gap between the rich and poor?” In other words, is this going to

79 Children’s Defense Fund, Children Helped by a $1,000 Refundable Tax Credit, State by State Distributional Impact (estimating total number of children potentially benefited as 1,876,760), at http://www.cdfactions.org/state_by_state_pages.htm (last visited Apr. 13, 2001).
80 America’s Children, supra note 6, at 12 (noting that America has the world’s highest Gross National Product); Kenny A. Dolsen, 200 Global Billionaires, Forbes, July 3, 2000, available at 2000 WL 22272896 (detailing that there are almost 470 billionaires in the world and that “the U.S. still accounts for the largest share of the world’s billionaires” with at least 150 people).

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make our children, our families, and those most in need better off or worse off?

I hope we will pay a lot of attention to our policy and value choices and make our voices heard. Those two things—health coverage for every child and a refundable tax credit—would be wonderful down payments of hope and opportunity at this turn of an era. But they are only part of our overall vision because children do not come in pieces. They come in families and communities. I hope you will help us. I hope you will mobilize. I hope we will just say that we are now ready to translate all of our campaign slogans into reality for all of our children. So, “show us the money.” Show us the policy. Show us the outcomes. All that matters now is what we do, not what we say. It is a moment of great opportunity. With your voice, we can see that every child in Texas and every child in America gets what he or she needs.

Let me end with a prayer, as I always do, because many of us sit around hoping that the next Dr. King is going to come along or that Gandhi is going to show up again and lead us out of the wilderness into freedom. I guess the message that I say, over and over again, is that they are not coming back. Folks, we are it. We are it. We must go about the business of doing what God needs us to do for our children.

I love to talk about several women from the Old Testament who were very unusual social revolutionaries: Moses’s mother, Jochebed, and his sister, Miriam,82 and the Pharaoh’s daughter.83 God can use all kinds of people to do His will—for example, if I sound a little bit like a Baptist preacher, but I grew up in that tradition. God used these three women to save one boy baby who, in turn, was God’s instrument to liberate the Hebrew people.84 Two other women, Shiphrah and Puah, slave midwives, were told by the

82 Numbers 26:59 (proclaiming, “and the name of Amram’s wife was Jochebed, the daughter of Levi, whom her mother gave to Levi in Egypt and she bare unto Amram Aaron and Moses, and Miriam their sister”).
83 Exodus 2:10 (proclaiming, “and the daughter of Pharaoh came down to wash herself at the river; and her maidens walked along by the river’s side; and when she saw the ark among the flags, she sent her maid to fetch it . . . and when she had opened it, she saw the child . . . and said, ‘This is one of the Hebrews’ children’ . . . and Pharaoh’s daughter said unto her, ‘Take this child away, and nurse it for me, and I will give thee thy wages.’
84 Exodus 6:10-11.
Pharaoh to kill all boy Hebrew babies. They refused shrewdly, because they feared God more than they feared the Pharaoh.

So these five women, a mother, sister, a Pharaoh’s daughter of a different faith and different ethnicity, and two slave midwives, were God’s instruments to change history. I hope that women’s voices, especially mothers’ and grandmothers’ voices, lead our policy vision and mobilization in this new century. I am going to be a grandmother soon, and I am getting more radical thinking about the kind of world my grandchild will come into. But I want us to stand up and say we must do what’s right for our children with an insistent voice. We should be clear that we are not going to go away, like the parable of the widow and the unjust judge. We just need to nag and nag those in power and persist until they do what is right for our children. I hope that each of us here, even though you are already doing so much, will find a way to work together and then never waver in your commitment and understanding that you can make a difference. All of us have to get out of our comfort zones. All of us have to say that the bottom line is children, not providers, not our own interest, not our own status. It is about children, because if we do not save our children we have lost everything.

So let me end. I get discouraged a lot and I wrote this prayer last year to keep me going. I change the words sometimes, but it is a prayer for each of us to care and to serve:

Lord, I cannot preach like Martin Luther King, Jr. or turn a poetic phrase like Maya Angelou but I care and I am willing to serve. I do not have Fred Shuttlesworth or Harriet Tubman’s courage or Franklin and Eleanor Roosevelt’s political skills but I care and I am willing to serve. I cannot sing like Fannie Lou Hamer or organize like Ella Baker or Brynna Rustin but I care and I am willing to serve. I am not holy like Archbishop Tutu or forgiving like Mandela or disciplined like Gandi but I care and I am willing to serve. I am not brilliant like Dr. Dubois or Elizabeth Cody Stanton or as eloquent as Sojourner Truth and Booker T. Washington but I care and I am willing to serve. I do not have Mother Teresa’s sanctity or Dorothy Day’s love or Cesar Chavez’s gentle-tough spirit but I care and I am willing to serve. God, it is not as easy as the 1960s to frame an issue and forge a solution but I care and I am willing to serve. My mind and body are not so swift as in youth and my energy cozes in spurs but I care and I am willing to serve. So many young people say, “I am so

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young, nobody will listen and I am not sure what to say or do.” But I care and I am willing to serve. Many say, “I cannot see or hear so well. I don’t speak good English. I stutter sometimes and get really scared standing up before others.” But I care and I am willing to serve. Lord, use me as Thou will to save. Thy children today and tomorrow and to build a nation and world where no child is left behind and everyone feels welcome.

To you who have been caring and serving for a long time, I hope you will renew our commitment to not only caring and serving, but also to acting and pushing until our nation hears. I hope that you will recommit yourselves in this session of the Legislature, in your communities, in your congregations, and in your schools to let God use you to save our children today and tomorrow. We must build a state, a nation, and a world where no child is left behind, where every child is healthy and safe, and where every child in Texas, in Houston, and in Harris County can realize the potential that God intends. Thank you for your work. Work harder.